

STATEMENT OF SENATOR DANIEL K. INOUE
DEFENSE SUBCOMMITTEE HEARING ON
DEPARTMENT OF DEFENSE MEDICAL PROGRAMS
MARCH 18, 2009

I would like to welcome all of the witnesses today as we review the Department of Defense medical programs. There will be two panels today. First we will hear from the Service Surgeons General, General Eric B. Schoomaker, Admiral Adam M. Robinson Jr., and General James G. Roudebush. Then, we will hear from our Chiefs of the Nurse Corps, General Patricia D. Horoho, Admiral Christine M. Bruzek-Kohler, and General Kimberly Siniscalchi.

I would like to welcome back all three surgeons general to our committee once again. I look forward to continuing our work to ensure the future of our military medical programs and personnel.

This is the first defense hearing that the Committee is holding this year. We have selected medical programs as our inaugural topic to underscore the importance that this issue has to our Committee. Our surgeons general and nurses have been called upon to share their insight on what is working and not working in this area.

Military medicine is a critical element in our Defense strength. Our ability to care for our wounded soldiers on the modern battlefield is a testament both to the hard work and dedication of our men and women in uniform and to the application of new technology which is a hallmark of the United States Armed Forces.

So to our medical programs demonstrate a commitment to provide for our service members and their families which is unsurpassed in any other military. It is a vital component of our military compensation package, one that is necessary to sustain our all volunteer force -- a force, I might add, which by all measurement is the finest in the world.

This is a unique medical hearing because we have not received the details of the fiscal year 2010 Defense Department budget nor have we received the remaining fiscal year 2009 supplemental request. While we might not be able to discuss detailed budget issues, we will focus on various medical, personnel, and medical technology issues facing the Department, our service members and their families.

When I was in the Army, maybe one or two of the men in any unit were married. Now, 56% of the Army, 54% of the Navy, 45% of the Marine Corps, and 59% of the Air Force are married. This completely alters the dynamic of the Service I remember to the one you see today. Not only that, but the demographics of our service members have drastically changed. We also have more than a few dual Service parents and couples, both of which deploy to theater.

We have all read about the rising rates of suicide, divorce, substance abuse in our military. This is not something that can only be addressed with the service member. This must be approached with the service member, their family, and their fellow soldiers, sailors, marines, and airmen. The solutions are not one size fits all or one Service fits all. Instead, all ideas must be on the table for everyone to consider. What works for the Army might also work for the Navy, and so forth.

In addition, we need to take a unified approach to medical research in areas directly tied to the warfighter that we are currently tackling and those that could be right around the corner. This coordinated approach should cross the entire federal government, utilizing the resources and expertise of the Department of Veterans Affairs, the National Institute of Health, the Department of Homeland Security, and the Substance Abuse and Mental Health Services Administration just to name a few.

The Department stands at a pivotal junction in its efforts to modernize the medical technology enterprise architecture. I'm sure each one of you can share a story or two about the various versions of the Department's medical health records and how challenging it can be at the least. Now you are tasked to both modernize the system and make it interoperable with the VA to facilitate seamless transitions for our service members and to enable joint DoD/VA locations to care for both veterans and service members. These are not simple tasks and I know there are many challenges ahead.

These are some of the issues we will face in the years ahead. We continue to hold this valuable hearing with the Service Surgeons General and Chiefs of the Nurse Corps as an opportunity to raise and address these and many other issues.

I look forward to your statements and note that your full statements will be included in the record.